

## TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT <b>02-SEP-2015</b>		TIME <b>19:51:00</b>		2. ADDRESS OF OCCURRENCE <b>538 N SPRINGFIELD AVE CHICAGO, IL 60624</b>		3. LOCATION CODE <b>304</b>		4. BEAT/OCCUR <b>1122</b>		
MEMBER INVOLVED	5. POSITION <b>9161</b>	6. LAST NAME <b>BURNS</b>	7. FIRST NAME <b>KYLE R</b>		8. STAR NO. <b>13310</b>	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE <b>WHI</b>	11. AGE <b>510</b>	12. HT. <b>184</b>	
	14. DATE OF APPT. <b>14-DEC-2012</b>	15. EMPLOYEE NO. <b>011</b>	16. UNIT & BEAT OF ASSIGNMENT <b>6256F</b>		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
SUBJECT INFORMATION	20. LAST NAME <b>KELLY</b>		21. FIRST NAME <b>CHRISTOPHER</b>		22. M.I. <b>MARLO</b>	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE <b>BLK</b>	25. D.O.B. <b>511</b>	27. WT. <b>165</b>	
	29. TELEPHONE NO. <b>[REDACTED]</b>		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			
33. WHERE WAS MEDICAL TREATMENT OBTAINED? <b>NORWEGIAN-AMERICAN HOSPITAL</b>			34. BY WHOM? <b>[REDACTED]</b>		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED <input type="checkbox"/> DNA			
37. CB NO <input type="checkbox"/> DNA			38. IR NO. <input type="checkbox"/> DNA							
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLEO <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC/CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____	
	39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) <b>[REDACTED]</b>									
WEAPON DISCHARGE INCIDENT	POSITION <b>[REDACTED]</b>		STAR NO. <b>[REDACTED]</b>		UNIT <b>[REDACTED]</b>		40. ADDITIONAL INFORMATION <b>[REDACTED]</b>			
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS <b>CLEAR</b>			
45. MAKE/MANUFACTURER <b>[REDACTED]</b>		46. MODEL <b>[REDACTED]</b>		47. BARREL LENGTH <b>[REDACTED]</b>		48. CALIBER/GAUGE <b>[REDACTED]</b>				
49. TASER DART ID NO. <b>[REDACTED]</b>		50. WEAPON SERIAL NO. (Include Letters) <b>[REDACTED]</b>		51. CHICAGO GUN REG. NO. <b>[REDACTED]</b>		52. IL FIREARM OWNER ID. NO. <b>[REDACTED]</b>		53. HANDGUN CERTIFICATE NO. <b>[REDACTED]</b>		
54. SPECIAL WEAPON CERTIFICATE NO. <b>[REDACTED]</b>		55. PROPERTY INVENTORY NO. <b>[REDACTED]</b>		56. TYPE OF AMMUNITION USED <b>[REDACTED]</b>		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER <b>[REDACTED]</b>		58. TOTAL NO. OF SHOTS MEMBER FIRED <b>[REDACTED]</b>		
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED <b>[REDACTED]</b>		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) <b>[REDACTED]</b>		63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		
64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <b>[REDACTED]</b>		65. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <b>[REDACTED]</b>		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.		67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				
68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) <b>[REDACTED]</b>		69. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC		70. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.		71. R.D. NO. <b>HY407933</b>				
72. CASE INFO. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		73. REPORTING MEMBER (Print Name) <b>BURNS, KYLE R</b>		STAR/EMPLOYEE NO. <b>13310</b>		SIGNATURE <b>[REDACTED]</b>		74. REVIEWING SUPERVISOR (Print Name) <b>MONACO, ANGELO J</b>		
75. SIGNATURES Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.		76. DATE REVIEWED <b>03-SEP-2015 02:42:38</b>		77. TIME <b>03-SEP-2015 02:42:38</b>		78. LOG# <b>1076980</b>				

## LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR: 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Subject expired.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

UE #15-043 obtained by Sgt. Monaco #1595

Based on the available reports, R/Lt has determined that the officer followed the Use of Force model and Department Guidelines.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO 1076980 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STUART, STEPHANIE L

SIGNATURE

DATE COMPLETED

TIME

03-SEP-2015 02:49:57

79. TOTAL TRR's THIS EVENT No.

1